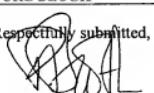


**FEE TRANSMITTAL**  
FY 2006

		<i>Complete if Known</i>																																			
		Application Serial No.		10/658,752																																	
		Filing Date		September 10, 2003																																	
		First Named Inventor		Corinna Lohning																																	
		Group No.		1639																																	
		Examiner Name		Amber D. Steele																																	
		Confirmation No.		4532																																	
<b>METHOD OF PAYMENT</b>				<b>FEE CALCULATION (continued)</b>																																	
<input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other				<b>4. ADDITIONAL FEES</b>																																	
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3840				<table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>130</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>50</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>2,520</td> <td>2,520</td> <td>Request for ex parte re-examination</td> <td></td> </tr> <tr> <td>120</td> <td>60</td> <td>Extension for reply within 1<sup>st</sup> mo.</td> <td></td> </tr> <tr> <td>450</td> <td>225</td> <td>Extension for reply within 2<sup>nd</sup> mo.</td> <td></td> </tr> <tr> <td>1,020</td> <td>510</td> <td>Extension for reply within 3<sup>rd</sup> mo.</td> <td></td> </tr> </tbody> </table>		Large Entity	Small Entity	Fee Description	Fee Paid	130	65	Surcharge - late filing fee or oath		50	25	Surcharge - late provisional filing fee or cover sheet		130	130	Non-English specification		2,520	2,520	Request for ex parte re-examination		120	60	Extension for reply within 1 <sup>st</sup> mo.		450	225	Extension for reply within 2 <sup>nd</sup> mo.		1,020	510	Extension for reply within 3 <sup>rd</sup> mo.	
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<input type="checkbox"/> Applicant claims small entity status.																																					
<b>FEES CALCULATION</b>																																					
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																																					
Application Type	Filing	Search	Examination	Fee Paid																																	
Utility	300	500	200		1,590																																
Design	200	100	130		2,160																																
Plant	200	300	160		500																																
Reissue	300	500	600		500																																
Provisional	200	0	0		1,000																																
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Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50	25																																		
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200	100																																		
Total Claims		Extra Claims	Fee Paid (\$)																																		
36		- 20 or HP= 16	x \$50 = \$800.00																																		
HP = highest number of total claims paid for, if greater than 20																																					
Indep. Claims		Extra Claims	Fee Paid (\$)																																		
4		- 3 or HP= 1	x \$200 = \$200																																		
HP = highest number of total claims paid for, if greater than 3																																					
Multiple Dependent Claims		Fee (\$)	Small Entity fee (\$)	Fee Paid (\$)																																	
		360	180																																		
		2. TOTAL: \$1,000.00																																			
<b>3. APPLICATION SIZE FEE</b>																																					
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																					
Total Sheets		Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid																																
-100= 0		/50=	round up to a whole number	x	= 0.00																																
<b>CORRESPONDENCE ADDRESS</b>																																					
Direct all correspondence to:																																					
Patent Administrator Proskauer Rose LLP 1001 Pennsylvania Avenue, N.W., Suite 400 Washington, D.C. 20004 Tel. No.: (202) 416-6800 Fax No.: (202) 416-6899 CUSTOMER NO: 61263																																					
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<p style="text-align: right;">Respectfully submitted,</p>  <p>Paul M. Booth Attorney for the Applicant(s) Proskauer Rose LLP 1001 Pennsylvania Ave., N.W., #400 Washington, D.C. 20004</p>																																					
<b>TOTAL AMOUNT SUBMITTED</b>																																					
<b>\$2230.00</b>																																					